IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Vladimir BARANOV et al.

Title:

ELEMENTAL ANALYSIS OF

TAGGED BIOLOGICALLY

ACTIVE MATERIALS

Prior Appl. No.: 09/905,907

Prior Appl. Filing Date: 07/17/2001

Examiner:

Unknown

Art Unit:

Unknown

CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450. EV003593872US July 3, 2003 (Express Mail Label Number) (Date of Deposit) Germaine Sarda (Printed Name)

CONTINUING PATENT APPLICATION TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

[] Continuation [] Division

[X] Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- Specification, Claim(s), and Abstract (92 pages).
- [X] Formal Drawings (11 sheets, Figs. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 and 11);
- [X] Application Data Sheet (37 CFR 1.76);
- [X] Return postcard.



The filing fee is calculated below:

	Claims	1	ncluded i	in	Extra				Fee
	as Filed	Basic Fee			Claims	Rate			Totals
Basic Fee							\$750.00		\$750.00
Total Claims:	36	-	20	· =	16	. X	\$18.00	=	\$198.00
Independen ts:	4		3	_ =	1	×	\$84.00	=	\$84.00
If any Multiple Dependent Claim(s) present: + \$280.00							=	\$280.00	
			•			•	SUBTOTAL:	=	\$1312.00
[]	Small	Entit	y Fees	Apply	(subtrac	ct ½	of above):	=	\$0.00
TOTAL FILING FEE:								=	\$1312.00

- [X] Please charge deposit account no. 50-0872 in the amount of \$1312.00 to cover the filing fee.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

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